

Workers' Compensation Supplemental Accident Investigation Report

Injured Employee Name:		Department & Division:		Date & Time of Injury:	
Name Of Supervisor Filling Out Report		Time Supervisor Arrived At Site		Time Supervisor Departed Site	
Place Where Accident Occurred:					
What Is The Type Of The Injury Or Illness:					
Describe The Accident In Detail:					
Was Personal Protective Equipment (PPE) Required: <div style="display: flex; justify-content: space-around;"> Yes No </div>		If Yes, List The Type(s) Of PPE Required <input type="checkbox"/> Safety Glasses Goggles Safety Shoes Gloves(Indicate Type) _____ Face Shield Hearing Protection Respirator Seat Belt Hard Hat/Helmet Fall Protection Protective Clothing Other _____			
Was The Required PPE Used: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		If No, List The Type Of PPE Required, But Not Used: Safety Glasses Goggles Safety Shoes Gloves (Indicate Type) _____ Face Shield Hearing Protection Respirator Seat Belt Hard Hat/Helmet Fall Protection Protective Clothing Other _____			
Did Injury Occur Because A City Safety Policy/Procedure Was Violated: <div style="display: flex; justify-content: space-around;"> Yes No </div>		If Yes, Describe:			
Were Photographs Of The Scene/Injury Taken: <div style="display: flex; justify-content: space-around;"> Yes No </div>		If Yes, Attach Photographs. If No, Provide A Diagram:			
List Witnesses By Name/Department/Division. Attach Witnesses Statement(s) To Report:					
Additional Comments:					
Supervisor's Signature/Date Report Completed:			Division Manager Signature/Dated Of Reviewed:		
DO NOT COMPLETE: Finding/Recommendation Of the Safety Oversight Subcommittee On Employee's Injuries And Illnesses:					
Date Returned To Division:					

This Report is required to be attached to the Supervisor's C-3 (Employer's Report of Industrial Injury) and submitted within three working days of the incident to Human Resources, Insurance Services Division.